



Everybody's business, nobody's responsibility

How the UK government and the European Commission are failing to tackle malnutrition

Every year, 5.6 million children die because they are malnourished. That's half of all the children under five who die each year.¹

Given that malnutrition is the leading cause of child death, you might expect it to be a top priority for the UK government and the European Commission (EC). However, research commissioned by Save the Children and carried out by the Institute of Development Studies shows that:

1. The UK government spends less than 1p per malnourished child per day, and the EC 2½ cents (in euros).
2. Both the EC and the Department for International Development (DFID) make substantial 'indirect investments' to tackle malnutrition. However, the low strategic priority given to tackling malnutrition means that much of this indirect investment may not help children to grow up healthy.
3. Both the EC and DFID are failing to report their progress against the internationally agreed nutrition indicator – to halve the proportion of children who are malnourished by 2015.

One step forward, two steps back

Today, a quarter of all children in the world are malnourished. A total of 146 million children in developing countries are malnourished.

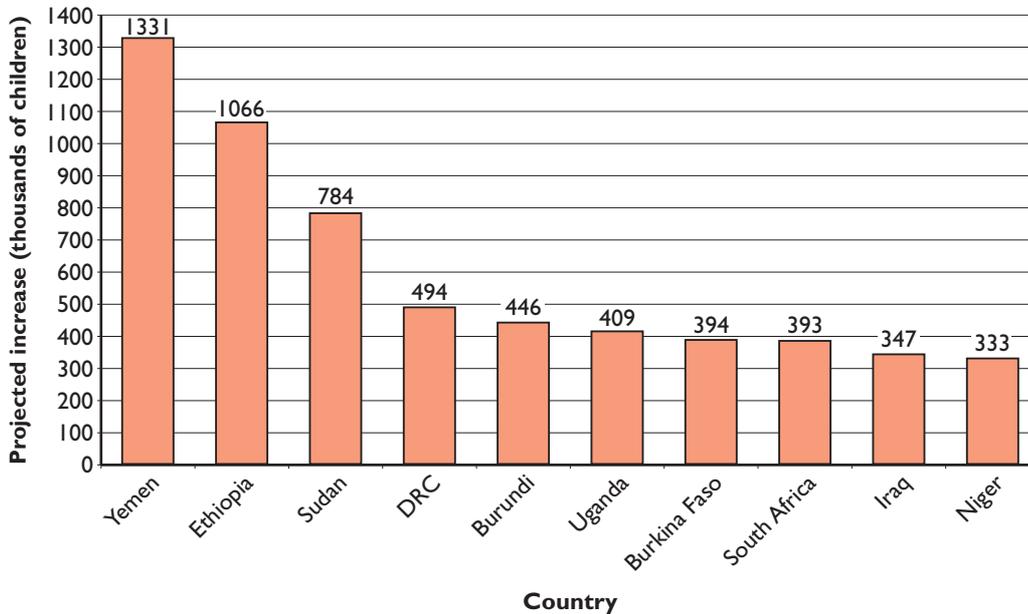
In 2000, world leaders took a big step forwards in the fight to tackle malnutrition when they promised to eradicate hunger. They made a commitment to halve the proportion of children who are malnourished by 2015.

In 2000, when world leaders made that commitment, 29 per cent of children in the developing world were malnourished.² Today, in 2007, halfway through the period covered by the promise, 27 per cent of children are malnourished.³ We have reduced rates of malnutrition by just 2 per cent.

And according to current trends, by 2015, in 32 countries in the world, there will be more malnourished children than there are today. We think that's an outrage.



Figure 1. Ten countries with the biggest increase in numbers of malnourished children in 2015, compared to 2005 if current trends continue⁴



Where in the world?

Malnutrition levels in children are highest in South Asia and sub-Saharan Africa. The situation is very different, though, in each region.

In South Asia, rates of malnutrition are coming down, largely because of the high rates of economic growth. However, because the number of children under five living there is so great and is rising, tackling malnutrition is very slow. In many cases, the poorest children, who are most likely to suffer

malnutrition, miss out on economic progress. Special services and programmes are needed to ensure that the benefits reach them.

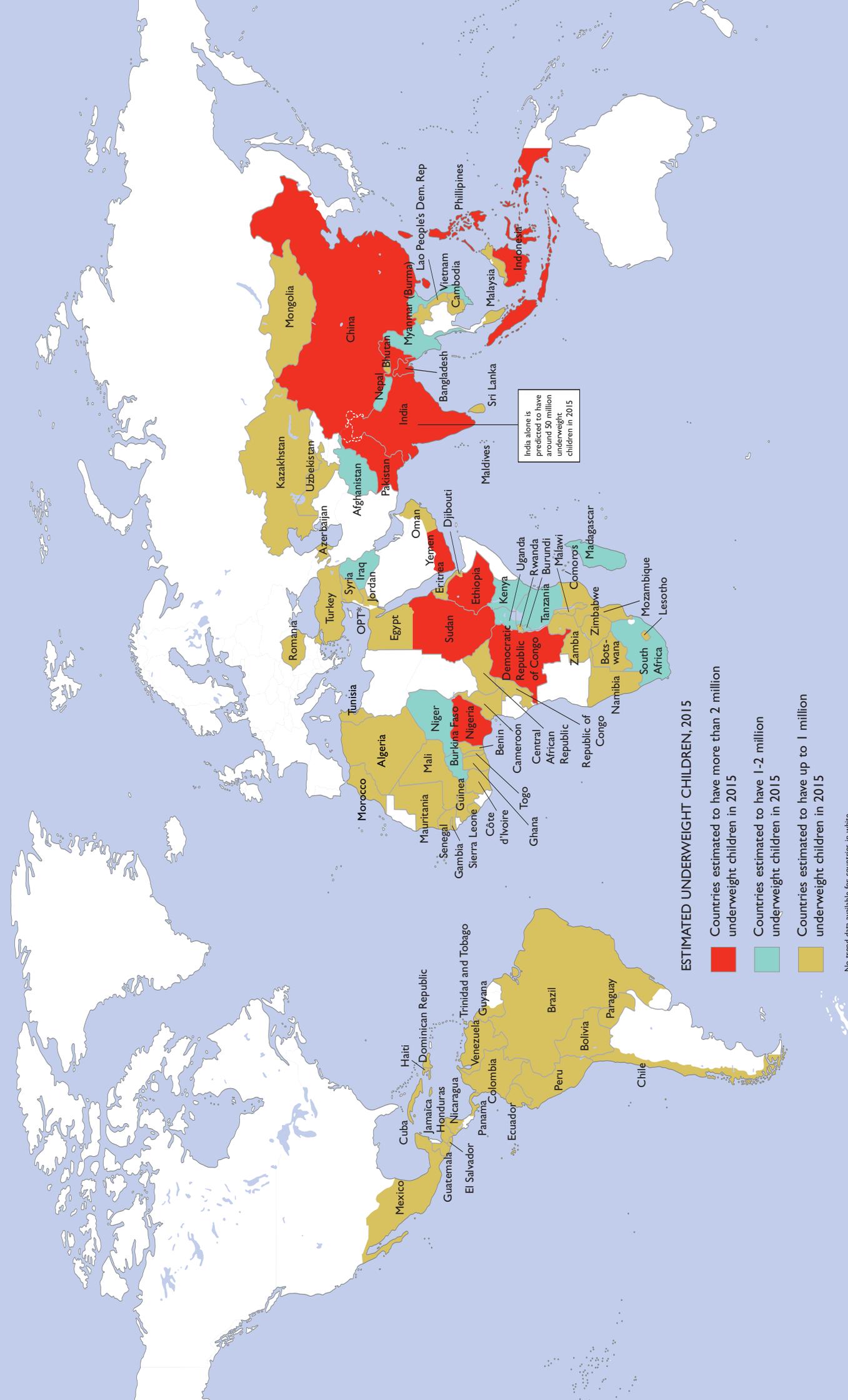
In sub-Saharan Africa malnutrition rates among children are dire. As Figure 1 (above) shows, of the ten countries where there will be the biggest increases in malnutrition by 2015, eight are in Africa. In Ethiopia, for example, there will be a million more malnourished children in 2015 than there are today. For the whole of Africa, an estimated 3.7 million more children will be malnourished in 2015 than today.⁵ In some countries the proportion of malnourished children is rising and at the same time the population is rising, resulting in exponential growth in the number of malnourished children. Several generations of children are condemned to a life of malnutrition. (The two-year ‘window of opportunity’ to tackle malnutrition, described opposite, means a generation is effectively only two years.)

HIV and AIDS are also contributing to the increase in some countries in the numbers of malnourished children. Young children who lose their parents are at extreme risk of malnutrition.

Window of opportunity
The first two years of a child’s life are critical. After this period, the physical and mental losses that the child has accumulated are irreversible; they become permanent.

If action is taken to tackle malnutrition before a child’s second birthday, he or she has a better chance of growing up healthy, and years later, of bringing up their own children free from malnutrition.

Estimated number of underweight children, 2015



ESTIMATED UNDERWEIGHT CHILDREN, 2015

- Countries estimated to have more than 2 million underweight children in 2015
- Countries estimated to have 1-2 million underweight children in 2015
- Countries estimated to have up to 1 million underweight children in 2015

No trend data available for countries in white
 * Occupied Palestinian Territories
 Data: UNICEF/UN World Population Prospects 2006 Database



What happens when children are malnourished?

The majority of malnourished children are not facing emergency or famine. They are living in what are normal conditions for the poor in the developing world.

Millions of children are born into chronic poverty every year. A baby born in these circumstances is often born small because her mother did not get enough to eat in pregnancy or was malnourished herself as a child.

In a baby's early months, she may not be exclusively breastfed because her mother may have to spend long periods away from the home collecting firewood or water, or trading in the market. Instead, she may get a watery gruel which gives her diarrhoea and other infections. As she gets older and can eat solid foods she may start to receive a thicker porridge and green leaves. This would be her typical diet in the first two years of life. Foods of animal origin

are often a rare treat. In some countries, Save the Children works with children who have never had any foods of animal origin in their lives.

The result is that her immune system is weak, she can't fight the bugs that contaminate the water she drinks and she can't fight off infection. Healthcare is too far away or unaffordable, or both.

Every year, 5.6 million children like this die. The remainder survive but grow up stunted, bearing the scars of malnutrition throughout their adult lives. Malnutrition impairs brain development so that at school these children find it harder to learn. Even as adults, their bodies will be less capable of doing hard physical labour.



Left: Alemneh, six, and Mekdes, six, playing in their village. Alemneh (on the left) is severely stunted having suffered from malnutrition since a young age.



Is enough of the aid budget used to tackle malnutrition?

Our research looks first at levels of spending by different governments and the EC on tackling chronic malnutrition (see Table 1).⁶

As Table 1 shows, the USA is far in the lead in the priority it gives to tackling malnutrition. The UK ranks sixth out of 11 on spending on ‘direct nutrition’ interventions, such as targeted food aid, treatment of malnutrition, vitamin supplementation and breastfeeding counselling. The UK comes fourth out of 11 on spending on ‘indirect nutrition’ interventions, including investments in health systems, agricultural productivity, governance, water & sanitation, education and gender empowerment. The EC ranks tenth on direct investment in nutrition but first on indirect investment.

However, we have no assurances that indirect investments will impact on child nutrition. For example, if an investment to improve agricultural productivity leads to women spending more time away from their young children, it is likely to be detrimental to child nutrition.

The publicly available data⁷ show that the UK government is spending about 14 per cent of its total overseas development assistance (ODA) on tackling possible causes of chronic malnutrition, from ill health to poor water & sanitation to agricultural productivity. The EC is spending about 18 per cent of ODA in this way. This amounts to the UK spending less than one pence per malnourished child per day and the EC spending 2½ cents (euros).

Table 1. Bilateral investment in direct and indirect nutrition interventions by the top ten donors and the EC

	Spending on direct nutrition interventions 2000–4		Spending on indirect nutrition interventions 2000–4	
	Rank	% of total aid	Rank	% of total aid
Canada	3	0.18	3	6.49
EC	10	0.01	1	13.95
France	11	0	10	2.63
Germany	8	0.02	6	5.25
Italy	4	0.16	9	3.09
Japan	8	0.02	5	5.85
Netherlands	2	0.23	8	3.14
Spain	5	0.14	7	4.31
Sweden	7	0.05	11	2.03
UK	6	0.06	4	6.16
USA	1	0.3	2	8.23



Nobody's priority

We would have more confidence that the UK government and the EC were ensuring that their indirect investments have an impact on nutrition if we could see they were placing strategic importance on tackling malnutrition. In fact, our research found the reverse.

We interviewed 12 key staff in DFID in London. Half of those interviewed thought low priority was given to tackling long-term malnutrition. We reviewed DFID's flagship documents, press releases and political speeches. Between January 2005 and December 2006, nutrition was mentioned just four times in the 197 press releases, and four times in the 50 key speeches made. The reports to the G8 in 2005 and 2006 (in which DFID played a prominent role) and *G8 Gleneagles: One year on* do not refer to malnutrition.

Among 10 EC staff interviewed there was a perception that tackling chronic malnutrition is a medium to high priority. This is partly a reflection of the fact that the EC is one of the highest spenders on food aid, and of ECHO's role in emergencies. At the same time, the research found that rhetoric on chronic malnutrition has crept up the agenda, featuring in key EC documents such as the *European Consensus on Development* and the Cotonou Agreement between the European Union (EU) and the African, Caribbean and Pacific states, as well as in the EC's thematic programme on food security, one of seven new thematic programmes. However, nutrition was only mentioned twice in 239 press releases and four times in 28 speeches between January 2005 and December 2006.

There seem to be two key reasons for the lack of strategic importance given to chronic malnutrition by DFID and the EC. First, they do not use key nutrition targets to measure the impact of their investments on malnutrition reduction on the ground.

In 2000, world leaders agreed to measure their progress towards the first millennium development goal (MDG) by measuring the prevalence of malnutrition. However, the UK government ignores the nutrition indicator for its progress reports on MDG1. This means that Hilary Benn, the Secretary of State for International Development, is not being held accountable for reducing malnutrition by the UK parliament.

Similarly, nutrition indicators in the EC's aid programming, in the form of Country Strategy Papers (CSPs), are few and far between. This makes it virtually impossible to assess the impact of the EC's sizeable indirect investments in chronic malnutrition on the ground.

Second, there is a leadership vacuum on nutrition. As far as we can tell, among the 1,400 DFID staff based in the UK, there is not a single dedicated nutrition specialist. Yet, malnutrition is the leading cause of child death. Without skills in nutrition, there is little chance that the investment DFID is making to tackle the causes of malnutrition will make a real impact on children.

Expertise in nutrition in the EC is also scarce and mostly concentrated on emergencies. The Commission is limited in what it can do to prioritise chronic malnutrition unless EU member states (like the UK) and European parliamentary committees call for greater priority to be given to nutrition.

Making nutrition their responsibility

The final question that remains is, should Save the Children just be pushing other donors to do more? Or is the UK's and the EC's involvement in the effort to tackle child malnutrition crucial for the targets to be met? In other words, do the UK and EC have a 'comparative advantage' over other donors in influencing the nutrition agenda?



There are three key reasons why the UK and the EC should take an international leadership role on nutrition.

Nutrition and governance

The UK government and the EC place considerable importance on both improving governance and promoting growth in poor countries. The latest DFID white paper on development is entitled *Making Governance Work for the Poor* and EU Commissioner for Development, Luis Michel, has made governance his 'pet issue'.

We believe that the persistence or worsening of malnutrition trends in a population is a sombre reflection on the quality of how it is governed. For example, is the government of a population concerned with equity? If it is, it will note that the poorest bear the highest burden of malnutrition and will take measures to ensure they benefit from economic progress and health services. Is the government concerned with hearing the voice of the people? Children – who suffer first and longest from malnutrition – have little say in decisions that affect their well-being. Very young children cannot claim rights and they cannot hold others accountable. Yet when malnutrition is spoken about openly in government it can be one of the most articulate measures of collective accountability to children. DFID and the EC should regard malnutrition rates as a 'health check' on the quality of governance and through their engagement with governments on governance issues can raise the importance of malnutrition.

Tackling long-term malnutrition

Both the UK government and the EC have comparative advantage over other donors in their commitments to indirect investments in nutrition. Both the UK and the EC have pledged to get 16 million people moved from emergency relief to long-term social protection programmes. This excellent initiative has huge potential to tackle long- and short-term malnutrition, by helping the poorest to secure an income to feed their children.

The UK is in a particularly strong position to pursue this objective because it has flexible resources in the form of cash. In contrast, a significant proportion of the EC's humanitarian resources are in the form of food aid, which is a blunt instrument for tackling long-term malnutrition. The UK needs to urgently harness the potential of this initiative and ensure that it delivers results in terms of reducing malnutrition. If the EC also intends to deliver on this pledge it will need to urgently overhaul its food aid policy.

A precondition for social development

Nutrition improvements are a precondition for the success of investments in essential services for the poor, such as health and education services. The UK is a leading donor in health and education and places considerable importance on strengthening government systems so that these services reach the poor. The EC is placing increasing importance on pro-poor social and human development and on investing in people. However, investing in essential services when the population is malnourished is like trying to build a tower on fragile foundations.

What now?

National governments have a leading role to play in bringing rates of malnutrition down. It can be achieved through economic growth that reaches the poorest people, combined with complementary services (health, education, water & sanitation and social protection) that are accessible for all. International donors have a role in supporting these plans. The EC and DFID could be doing much more here. This does not require the creation of large stand-alone projects, but instead will require concerted investment to tackle the causes of malnutrition in each country within the context of national poverty reduction.

The EC and DFID must ensure their indirect investments actually help governments to support the poorest households to sustain their livelihoods,



to be able to feed their children and to be treated when they are sick. If the EC and DFID were to make a stronger commitment in their development strategies to children's rights, the focus on malnutrition would be obvious.

Save the Children calls on the UK government and the EC to:

- prioritise nutrition in a way they have never done before, using the new resources committed to development assistance, in order to speed up progress on the first Millennium Development Goal
- review and evaluate whether their indirect investments really do tackle malnutrition, reform them accordingly, and ensure they have the human resources required to do this by the end of 2007
- immediately start reporting against the internationally agreed indicator on nutrition and use nutrition indicators to report progress in food security, safety nets & social protection, governance, water & sanitation and health
- form a European partnership to ensure that efforts to tackle malnutrition are based on evidence and are well co-ordinated. Both the UK government and the EC should support the UN Standing Committee on nutrition to promote better co-ordination among UN agencies and hold them to account on their efforts to tackle malnutrition
- review and reform the EC food aid policy to ensure that resources can be used flexibly in the form of direct cash assistance to tackle food insecurity and malnutrition.

Key references

UNICEF (2006) *Progress for Children: A report card on nutrition*. No 4. UNICEF NY

Sumner, A, Lindstrom, J and Haddad, L (2007) *Greater DFID and EC Leadership on Chronic Malnutrition: Opportunities and constraints*. Institute of Development Studies

Notes

¹ Work is currently being undertaken to establish the cause-specific contribution of being underweight to neonatal deaths.

² UNICEF, 2001, *State of the World's Children Report* – data refers to period 1995–2000

³ UNICEF, 2007, *State of the World's Children Report* – data refers to period 1996–2005

⁴ Figures are based on applying the average annual rate of the reduction in underweight prevalence 1990–2004 to the most recent (1996–2005) survey data prevalence for each of ten subsequent years (based on UNICEF, 2006). Data available for 89 countries. Population data gathered from World Population Prospects 2006, <http://esa.un.org/unpp/>.

⁵ Data are available for 40 countries.

⁶ The data come from the creditor reporting system of the Development Assistance Committee of the Organisation for Economic Co-operation and Development. These data rely on reporting by donor agencies.

⁷ This includes bilateral funding (direct and indirect nutrition investment) and funding of multilateral agencies like UNICEF. Figures exclude investment in civil society and bilateral emergency food aid.

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